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| | | CLAIMS | AS FILED (Colum | | | ա տ ո 2) | | SMALL TYPE | ENTITY | OF | OTHE | R THAN |
| Ľ | OTAL CLAIM | S | 1 | 3 | | | 1 | RATE | | | | L ENTITY |
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| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | A40= | + | | X80= | - 2 |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | ' [| +135= | | OR | +270= | |
| | | CLAIMS AS | | | | | | TOTAL | · | OR | | 7/0% |
| _ | | (Column 1) | | (Colun | nn 2) | (Column 3) | | SMALI | L ENTITY | OR | | R THAN ENTITY |
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| 41 | Independent | . ~ | Mimes | | , – | | <u>_</u> | | | | | |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, onter "20."

If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

X40=

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TOTAL ADDIT. FEE

OR

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Application or Docket Number